

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000067453 (5)

1. Corporation Name
SEPIO CAMPUS, INC.



Principal Place of Business UNIVERSITY OF FLORIDA J. WAYNE REITZ UNION, C-2 GAINESVILLE FL 32611	Mailing Address UNIVERSITY OF FLORIDA J. WAYNE REITZ UNION, C-2 GAINESVILLE FL 32611
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 UNIVERSITY of FLORIDA Suite, Apt. #, etc. 22 J. WAYNE REITZ UNION C-2 City & State 23 GAINESVILLE, FL. Zip 24 32611		2a. Mailing Address 26 UNIVERSITY of FLORIDA Suite, Apt. #, etc. 27 J. WAYNE REITZ UNION C-2 City & State 28 GAINESVILLE, FL. Zip 29 32611		3. Date Incorporated or Qualified 08/04/1997	
		4. FEI Number 59-3468025		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KIRSCHNER, MAIN, GRAHAM TANNER & DERMONT ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURPHY, EDWARD J JR.			1.2 NAME			
STREET ADDRESS	UNIVERSITY OF FLORIDA			1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32611			1.4 CITY-ST-ZIP			
TITLE	D Vice PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURPHY, DANIEL R JR.			2.2 NAME			
STREET ADDRESS	4426 PALMETTO INLET WEST			2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32277			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward J. Murphy Jr.

2-1-98

(352) 371-4990

CR2E034 (10/97)